

# Kealakehe High School

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## Student Project Proposal

Student Name(s) \_\_\_\_\_

Project Title \_\_\_\_\_

Pitch \_\_\_\_\_

\_\_\_\_\_

Who is your target audience? \_\_\_\_\_

What will your audience benefit or learn? \_\_\_\_\_

\_\_\_\_\_

Who is the talent? \_\_\_\_\_

What settings/locations will you use? \_\_\_\_\_

What props/wardrobe will you use? \_\_\_\_\_

Will you need permission? \_\_\_\_\_

### *Production elements:*

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Interview        | <input type="checkbox"/> Stage performance  | <input type="checkbox"/> Music            | <input type="checkbox"/> Wardrobe/Props  |
| <input type="checkbox"/> Live action      | <input type="checkbox"/> OTS/Matched Action | <input type="checkbox"/> Opening sequence | <input type="checkbox"/> Special effects |
| <input type="checkbox"/> Indoor coverage  | <input type="checkbox"/> Voice over         | <input type="checkbox"/> Closing credits  | <input type="checkbox"/> Copyright       |
| <input type="checkbox"/> Outdoor coverage | <input type="checkbox"/> SFX/Foley          | <input type="checkbox"/> Titles/Graphics  | <input type="checkbox"/> Other           |

### *Production equipment needed:*

- |  |   |                                     |  |
|--|---|-------------------------------------|--|
| <input type="checkbox"/> DV camcorder    | <input type="checkbox"/> Microphone(s)  | <input type="checkbox"/> Lights     | <input type="checkbox"/> Dolly               |
| <input type="checkbox"/> DV tape(s)      | <input type="checkbox"/> Lavalier mic   | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Power source/cables |
| <input type="checkbox"/> DV battery(ies) | <input type="checkbox"/> Audio cables   | <input type="checkbox"/> Stands     | <input type="checkbox"/> Green screen        |
| <input type="checkbox"/> Tripod          | <input type="checkbox"/> Equipment bags | <input type="checkbox"/> Slate      | <input type="checkbox"/> Other               |

How will you archive your project?

- |                                      |  |                                      |
|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Data DVD/CD | <input type="checkbox"/> External Hard-drive | <input type="checkbox"/> Thumb drive |
|--------------------------------------|--|--------------------------------------|

Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_